

SIP 138 A

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole/joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

IC TAG EQUIPPED VEHICLE AND MANAGEMENT SYSTEM THEREOF

, the specification of which

☐ is attached hereto

International Application No.

☒ was filed on February 13, 2004 as ~~Application Serial No.~~ PCT/JP2004/001565

and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is known to me to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| Application No. | Country | Day/Month/Year Filed | Priority Claimed? |
|-----------------|---------|----------------------|---|
| P 2003-036483 | Japan | 14/02/2003 | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| _____ | _____ | _____ | Yes / No |
| _____ | _____ | _____ | Yes / No |
| _____ | _____ | _____ | Yes / No |

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status |
|------------------------|-------------|--------------------------------|
| _____ | _____ | patented / pending / abandoned |
| _____ | _____ | patented / pending / abandoned |

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

U.S. Provisional Application No. _____ filed _____

U.S. Provisional Application No. _____ filed _____

I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2 POWER OF ATTORNEY As a named inventor, I hereby appoint to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith the following attorneys: Joseph P. Carrier, Reg. No. 31,748, and William D. Blackman, Reg. 32,397.

SEND CORRESPONDENCE TO:

CARRIER, BLACKMAN & ASSOCIATES, P.C.
24101 Novi Road, Suite 100
Novi, Michigan 48375

DIRECT TELEPHONE CALLS TO:

Joseph P. Carrier or William D. Blackman
(248) 344-4422

Full name of first joint/sole inventor: Toshio YAMAGIWA

Inventor's signature: Toshio Yamagiwa Date April 15, 2005

Residence: Wako-shi, Japan JPX

Citizenship: Japan

Post Office Address: c/o K.K. Hon-da Gijutsu Kenkyusho, 4-1, Chuo 1-chome, Wako-shi,
Saitama-ken, Japan

Full name of second joint inventor: _____

Inventor's signature: _____ Date _____

Residence: _____

Citizenship: _____

Post Office Address: _____